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S.C.R. NO. 201

MAR 0 8 2019

SENATE CONCURRENT RESOLUTION

URGING THE DEPARTMENT OF HUMAN SERVICES TO CREATE A COMPACT OF FREE ASSOCIATION ADVISORY BODY.

WHEREAS, each immigrant group in Hawaii, such as the Chinese, Japanese, Filipinos, Southeast Asians, and Samoans, has endured discrimination and inequity; and

WHEREAS, individuals who have immigrated to Hawaii from the independent nations of the Republic of the Marshall Islands, Federated States of Micronesia, and Republic of Palau are referred to as the Compact of Free Association (COFA) residents, who face the usual prejudices but additionally face special challenges due to their unique immigration status; and

WHEREAS, COFA residents' immigration status excludes them from receiving essential benefits enjoyed by U.S. citizens and legal permanent residents, and there have also been public debates about the allocation of equitable resources for education, housing, employment, and health care for COFA residents — resources that for other groups are provided without question; and

WHEREAS, such inequity is contrary to the values of care and aloha of the Native Hawaiian culture, which has historically embraced newcomers; and

WHEREAS, despite Native Hawaiians enduring profound trauma and discrimination in their own right, this culture of aloha continues to serve as the State's moral standard, thereby promoting caring, community-oriented public policy; and

WHEREAS, the unique immigration status of COFA residents stems from their close and historical relationship between the United States and their homeland of origin; and

WHEREAS, in 1947, shortly after World War II, the United Nations granted the United States trusteeship over what today is the Republic of the Marshall Islands, Federated States of Micronesia, and Republic of Palau, also known as the Compact Nations or the Freely Associated States; and

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WHEREAS, the current relationship between the United States and the three Compact Nations is a sacred agreement for the mutual benefit of all four nations; and

WHEREAS, from 1946 to 1958, inhabitants of what today are the Compact Nations endured the testing and detonation of sixty-seven nuclear bombs, which destroyed homelands and engendered a scourge of cancer that continues to afflict these populations to this day; and

WHEREAS, the Compact Nations provide the United States with immeasurable benefits of national security, such as hosting the U.S. intercontinental ballistic missile defense system and granting the United States exclusive military strategic denial to millions of square miles of the Pacific Ocean — a distance of more than one and a half times the width of the continental United States — at a time when global relations among superpowers are increasingly fraught; and

WHEREAS, COFA residents have among the highest per capita United States military service and service-related deaths; and

WHEREAS, COFA residents have shared with Hawaii, through their master navigator, "Papa" Mau Piailug, the gift of traditional navigation that was utilized by the Hokulea, enabling a Hawaiian cultural movement of immeasurable beauty and pride; and

WHEREAS, an estimated eighteen thousand COFA residents legally reside in Hawaii, with an unknown proportion being U.S. citizens who were born in the United States, and collectively comprise just 1.3 percent of the State's population; and

WHEREAS, COFA residents pay taxes and fully contribute to Hawaii's economy; furthermore, they come from proud, rich,

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vibrant, and ancient Pacific cultures that enrich Hawaii's communities; and

WHEREAS, contrary to the mutually beneficial intent of the trusteeship, COFA residents are treated like last-tier citizens, denied adequate and equitable state-funded health care coverage provided to similar populations, and thrown into a maze of administrative and economic barriers that foster shame, illness, suffering, and death; now, therefore,

BE IT RESOLVED by the Senate of the Thirtieth Legislature of the State of Hawaii, Regular Session of 2019, the House of Representatives concurring, that the Department of Human Services is urged to create a COFA Advisory Body, at least one-third of whose members are COFA residents, that will:

(1) Recommend the best approach for providing parity in state-funded health coverage for otherwise eligible COFA residents:

(2) Provide an economic analysis of the financial impact of the Advisory Body's recommendations;

(3) Recommend steps for reducing or eliminating entirely administrative burdens for program enrollment and reenrollment;

(4) Recommend strategies for community outreach, stakeholder education, and administration;

(5) Provide an assessment of the implementation of the recommendations at months six, twelve, and twenty-four after implementation;

(6) Undertake an evaluation of current demographic and other data collection and census activities relevant to COFA residents, and make appropriate recommendations for standardization and equity; and

(7) Evaluate the outcomes and status of recommendations from the Compacts of Free Association Task Force

1 2 3			convened pursuant to Senate Resolution No. 142, S.D. 1 (Regular Session of 2007); and
4 5	COFA		T FURTHER RESOLVED that the evaluation criteria for the sory Body's recommendations are as follows:
6 7 8 9		(1)	State-funded health coverage for COFA residents will be equal to or surpass that available through Med-QUEST;
10 11 12 13		(2)	When evaluating coverage options, the Advisory Body will take into consideration health care access, cost, and administrative burden for participants;
14 15 16 17 18		(3)	The Advisory Body will also take into account cost- effectiveness for the State and administrative burden for affected state agencies, insurers, and other administering stakeholders; however, the Advisory Body will prioritize paragraphs (1) and (2);
20 21 22 23 24		(4)	Enrollees will not be required to pay copayments, premiums, coinsurance, or other related fees upfront and then seek reimbursement;
25 26 27 28 29		(5)	Structural inequities will be eliminated, and program eligibility requirements should align with other related federal and state program requirements for similar populations, including the requirements of HealthCare.gov;
31 32 33		(6)	Administrative barriers to participation, including enrollment and re-enrollment, will be minimized or eliminated entirely;
34 35 36 37		(7)	Specific program requirements will allow agency flexibility; and
57 88 80		(8)	Clear evidence of the best approaches and practices

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